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Sally J. Werts	$\alpha i \cdot \gamma$	(Depositor's name)
OUS	KINKT	(Signature)
V	7-55-01	(Date)

APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO. CONFIRMATION NO.		
10/727,871 FITLE OF INVENTIO NETWORK	12/04/2003 N: METHOD AND S	YSTEM FOR AUTOMA	Kevin Michael Fallis ATICALLY ROUTING A		2602/SPRI.110507 DUGH A COMMUNI	7866 CATIONS	
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$0	\$0	\$1440	01/03/2008	
EXAM	INER	ART UNIT	CLASS-SUBCLASS	10/23/2007	NNGUYEN2 00000052	210765 10727871	
SMITH, CRI	EIGHTON H	2614	370-357000	01 FC:1501	1440.00 DA		
. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Sprint Communications Company L.P. Overland Park, KS 66251 Please check the appropriate assignee category or categories (will not be printed on the patent):							
a. The following fee(s): State State		4b	D. Payment of Fec(s): (Plea A check is enclosed. Payment by credit care The Director is hereby overpayment, to Depo	se first reapply any pr	eviously paid issue fee	shown above)	

Typed or printed name Melissa A. Jobe Registration No. 54605 This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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5. Change in Entity Status (from status indicated above)

Authorized Signature

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

10.22.2007